



QUARTERLY STATEMENT

AS OF MARCH 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

NAIC Group Code	1295	1295	NAIC Company Code	80799	Employer's ID Number	06-0641618
	(Current Period)	(Prior Period)				
Organized under the Laws of	Illinois			State of Domicile or Port of Entry	Illinois	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ X ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ ]	
	Other [ ]				Is HMO Federally Qualified? Yes [ ] No [ X ]	
Incorporated/Organized	05/03/1949		Commenced Business		01/20/1950	
Statutory Home Office	77 W. Wacker Drive, Suite 1200			Chicago, IL, US 60601		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	77 W. Wacker Drive, Suite 1200		Chicago, IL, US 60601		800-714-4658	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	77 W. Wacker Drive, Suite 1200		Chicago, IL, US 60601			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	77 W. Wacker Drive, Suite 1200		Chicago, IL, US 60601		800-714-4658	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.celtic-net.com					
Statutory Statement Contact	Bryan D. Carlin			314-445-0004		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	bcarlin@centene.com			314-725-4658		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Anand A. Shukla	Senior Vice President	David J. Burke	Vice President Treasurer
Karen E. Wegg	Vice President Administration		

OTHER OFFICERS

Rone K. Baldwin	President	Barbara Basham	Vice President
John P. Ryan	Vice President	Steele Stewart	Vice President Actuary
William N. Scheffel	Vice President	Jeffrey A. Schwaneke	Controller
Keith H. Williamson	Secretary	Tricia L. Dinkelman	Vice President of Tax
Aparna Abburi	Senior Vice President		

DIRECTORS OR TRUSTEES

Anand A. Shukla	Tricia L. Dinkelman	David J. Burke	Dale F. Schmidt
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State of .....Illinois.....  
County of .....Cook.....  
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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Anand A. Shukla Senior Vice President	David J. Burke Vice President Treasurer	Karen E. Wegg Vice President Administration
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- a. Is this an original filing? Yes [ X ] No [ ]
- b. If no:
- 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

Subscribed and sworn to before me this  
10 day of May, 2016

Pedro Galvan, Notary Public  
12/23/2019

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	63,414,782		63,414,782	62,900,384
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	12,571,669		12,571,669	4,320,166
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 16,210,925 ), cash equivalents (\$ ..... 399,993 ) and short-term investments (\$ ..... 202,471,691 ) .....	219,082,609		219,082,609	24,795,578
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	1,308,086		1,308,086	1,332,726
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	296,377,146	0	296,377,146	93,348,854
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	400,022		400,022	453,986
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	22,496,867		22,496,867	2,481,940
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	6,371,408		6,371,408	8,448,820
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	871,024		871,024	1,522,576
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,406,431		1,406,431	741,786
18.2 Net deferred tax asset .....	3,067,160	106,932	2,960,228	3,797,192
19. Guaranty funds receivable or on deposit .....	16,787		16,787	16,589
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	325,493		325,493	28,273,282
24. Health care (\$ ..... 1,541,122 ) and other amounts receivable .....	4,012,907	2,471,785	1,541,122	810,902
25. Aggregate write-ins for other-than-invested assets .....	104,294	104,294	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	335,449,539	2,683,011	332,766,528	139,895,927
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	335,449,539	2,683,011	332,766,528	139,895,927
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. PREPAID ASSETS .....	104,294	104,294	0	0
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	104,294	104,294	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....2,694,793 reinsurance ceded).....	114,402,028		114,402,028	34,342,185
2. Accrued medical incentive pool and bonus amounts .....	120,358		120,358	140,956
3. Unpaid claims adjustment expenses .....	1,794,901		1,794,901	433,287
4. Aggregate health policy reserves including the liability of \$ .....330,321 for medical loss ratio rebate per the Public Health Service Act.....	2,161,918		2,161,918	9,534,148
5. Aggregate life policy reserves .....	4,096,821		4,096,821	4,096,821
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	12,849,602		12,849,602	23,416,245
9. General expenses due or accrued .....	7,813,015		7,813,015	3,517,431
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....	5,654,714		5,654,714	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....	1,484,678		1,484,678	1,825,898
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	16,382,060		16,382,060	2,847,201
16. Derivatives .....		0	0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ ..... unauthorized reinsurers and \$ ..... certified reinsurers) .....	1,344,739		1,344,739	1,493,175
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	107,734,614	0	107,734,614	20,059,789
24. Total liabilities (Lines 1 to 23).....	275,839,448	0	275,839,448	101,707,136
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	2,805,873
26. Common capital stock .....	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock .....	XXX	XXX		0
28. Gross paid in and contributed surplus .....	XXX	XXX	45,588,655	45,588,655
29. Surplus notes .....	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	8,838,426	(12,705,736)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	56,927,081	38,188,792
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	332,766,529	139,895,928
DETAILS OF WRITE-INS				
2301. ACA Risk Adjustment Payable.....	75,104,884		75,104,884	11,702,152
2302. ACA Cost Sharing Payable.....	28,561,197		28,561,197	7,585,305
2303. Unclaimed Property.....	279,985		279,985	283,386
2398. Summary of remaining write-ins for Line 23 from overflow page .....	3,788,548	0	3,788,548	488,946
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	107,734,614	0	107,734,614	20,059,789
2501. Health Insurer Fee Estimate.....	XXX	XXX	0	2,805,873
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	2,805,873
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	959,237	132,790	617,892
2. Net premium income (including \$ non-health premium income).....	XXX	217,768,646	18,844,663	170,700,969
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	217,768,646	18,844,663	170,700,969
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		92,240,603	(9,679,141)	59,565,547
10. Other professional services .....		10,736,741	3,377,203	15,152,769
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....		18,654,102	3,455,929	19,990,096
13. Prescription drugs .....		29,368,738	6,116,773	37,979,575
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		48,000	0	159,616
16. Subtotal (Lines 9 to 15) .....	0	151,048,184	3,270,764	132,847,603
<b>Less:</b>				
17. Net reinsurance recoveries .....		2,295,138	2,060,106	12,150,520
18. Total hospital and medical (Lines 16 minus 17) .....	0	148,753,046	1,210,658	120,697,083
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		9,422,721	1,100,769	6,553,413
21. General administrative expenses.....		39,902,186	6,664,737	28,771,468
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(30,214)	0	(69,161)
23. Total underwriting deductions (Lines 18 through 22) .....	0	198,047,739	8,976,164	155,952,803
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	19,720,907	9,868,499	14,748,166
25. Net investment income earned .....		333,337	257,928	1,115,980
26. Net realized capital gains (losses) less capital gains tax of \$ 15,754 .....		29,258	0	10,393
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	362,595	257,928	1,126,373
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 ) (amount charged off \$ (1,204,985) )] .....		(1,204,985)	(13,886)	(280,944)
29. Aggregate write-ins for other income or expenses .....	0	179,924	329,192	975,909
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	19,058,441	10,441,733	16,569,504
31. Federal and foreign income taxes incurred .....	XXX	7,480,621	4,540,932	8,260,436
32. Net income (loss) (Lines 30 minus 31) .....	XXX	11,577,820	5,900,801	8,309,068
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....			0	0
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Network Rental.....		279,994	251,624	1,069,295
2902. Annuity Income.....		(100,070)	(55,324)	(226,278)
2903. Interest Maintenance Reserve Elimination.....			132,892	132,892
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	179,924	329,192	975,909

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	38,188,792	29,360,659	29,360,659
34. Net income or (loss) from Line 32 .....	11,577,820	5,900,801	8,309,068
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... (30,817)	5,161,419	(3,195)	1,324,777
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....	(1,050,815)	628,536	3,603,422
39. Change in nonadmitted assets .....	3,049,865	(1,147,015)	(4,829,134)
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	420,000
48. Net change in capital and surplus (Lines 34 to 47) .....	18,738,289	5,379,127	8,828,133
49. Capital and surplus end of reporting period (Line 33 plus 48)	56,927,081	34,739,786	38,188,792
<b>DETAILS OF WRITE-INS</b>			
4701. Change in Asset Valuation Reserve.....		0	420,000
4702. Asset Valuation Reserve.....		0	0
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	420,000

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	244,291,832	36,893,639	193,329,714
2. Net investment income .....	504,842	241,961	1,404,398
3. Miscellaneous income .....	279,994	0	1,058,289
4. Total (Lines 1 to 3) .....	245,076,667	37,135,600	195,792,401
5. Benefit and loss related payments .....	47,039,383	29,159,011	139,038,671
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,085,995	26,248,638	95,049,224
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	2,505,516	(1,130,478)	8,129,132
10. Total (Lines 5 through 9) .....	50,630,894	54,277,171	242,217,027
11. Net cash from operations (Line 4 minus Line 10) .....	194,445,774	(17,141,571)	(46,424,626)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,800,692	4,750,135	15,514,437
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	37
12.7 Miscellaneous proceeds .....	0	1,924,770	1
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,800,692	6,674,905	15,514,475
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,863,791	21,992,660	38,297,942
13.2 Stocks .....	0	0	6,050,000
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	60,000	45,000	247,500
13.6 Miscellaneous applications .....	35,644	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,959,434	22,037,660	44,595,442
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(158,742)	(15,362,755)	(29,080,967)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	0	(640,240)	15,367,416
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	0	(640,240)	15,367,416
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	194,287,032	(33,144,566)	(60,138,177)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	24,795,578	84,933,755	84,933,755
19.2 End of period (Line 18 plus Line 19.1) .....	219,082,610	51,789,189	24,795,578

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	55,140	52,475	.0	2,482	.0	.0	.0	.0	.0	183
2. First Quarter .....	313,031	310,450	.0	2,398	.0	.0	.0	.0	.0	183
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7. Physician .....	336,983	336,983								
8. Non-Physician .....	339,133	339,133								
9. Total	676,116	676,116	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	17,058	17,058								
11. Number of Inpatient Admissions	3,654	3,654								
12. Health Premiums Written (a).....	222,633,013	220,333,135		2,299,878						
13. Life Premiums Direct.....	19,955									19,955
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	222,633,013	220,333,135		2,299,878						
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	67,131,227	67,131,227								
18. Amount Incurred for Provision of Health Care Services	151,048,183	151,048,183								

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	23,983,598	48,651,359	8,604,514	105,797,515	32,588,112	34,342,184
2. Medicare Supplement .....					.0	.0
3. Dental only .....					.0	.0
4. Vision only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	23,983,598	48,651,359	8,604,514	105,797,515	32,588,112	34,342,184
10. Health care receivables (a) .....		756,930		3,232,825	.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	.67,158	1,440		120,358	.67,158	140,956
13. Totals (Lines 9-10+11+12)	24,050,756	47,895,869	8,604,514	102,685,048	32,655,270	34,483,140

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Q1 2016 NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. The financial statements of Celtic Insurance Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Insurance Department of the State of Illinois.

The State of Illinois requires that insurance companies domiciled in the state of Illinois prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the State of Illinois Insurance Commissioner. The Illinois Department of Insurance has adopted the NAIC practices and procedures manual with no significant prescribed differences affecting the company.

<u>Net Income</u>	<u>State of Domicile</u>	<u>2016</u>	<u>2015</u>
(1) Illinois State Health Plan state basis (Page 4, Line 32, Columns 2 & 4)	Illinois	\$ 11,577,821	\$ 8,309,068
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets	Illinois		
(3) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Depreciation of fixed assets, home office property	Illinois		
(4) NAIC SAP (1+2-3=4)	Illinois	\$ 11,577,821	\$ 8,309,068
<u>Surplus</u>			
(5) Illinois State Health Plan state basis (Page 3, Line 33, Columns 3 & 4)	Illinois	\$ 56,927,081	\$ 38,188,791
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: e.g., Goodwill, net e.g., Fixed Assets, net	Illinois		
(7) State Permitted Practices that increase/(decrease) NAIC SAP: e.g., Home Office Property	Illinois		
(8) NAIC SAP (5-6-7=8)	Illinois	\$ 56,927,081	\$ 38,188,791

B. Use of estimates in the preparation of the financial Statements

No Change

C. Accounting Policy

No Change to Accounting Policies

(6) *Loan-backed securities*

Loan-backed securities are carried at amortized cost. Adjustments are applied prospectively.

D. Going Concern

The Company’s management has not identified any conditions or events that raise substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

No Change

3. Business Combinations and Goodwill

No Change

4. Discontinued Operations

No Change

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

No Change

B. Debt Restructuring

No Change

C. Reverse Mortgages

NOTES TO FINANCIAL STATEMENTS

No Change

D. Loan-Backed Securities

- 1. The source used to determine prepayment assumptions for all loan-backed securities for the Company was Bloomberg’s cash flows.
- 2. There are no securities within the scope of this statement with a recognized other-than-temporary impairment.
- 3. None
- 4. All impaired securities (fair value is less than cost or amortized) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest impairment remains):
  - a. The aggregate amount of unrealized losses:
    - i. Less than 12 months (\$13,031)
    - ii. 12 months or longer (\$0)
  - b. The aggregate related fair value of securities with unrealized losses:
    - i. Less than 12 months \$1,607,176
    - ii. 12 months or longer \$0
- 5. For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings.

E. Repurchase Agreements and/or Securities Lending Transactions

None

F. Real Estate

No Change

G. Investments in Low-Income Housing Tax Credits (LIHTC)

No Change

H. Restricted Assets

No Change

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

No Change

6. Joint Ventures, Partnerships and Limited Liability Companies

No Change

7. Investment Income

No Change

8. Derivative Instruments

No Change

9. Income Taxes

No Change

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

A, B, C, F, G. The Company is 100% owned subsidiary of Centene Corporation.

During 2016 and 2015, Centene Management Company, LLC, a wholly owned subsidiary of Centene Corporation, provided data, claims processing, case management, care coordination and general management services to the Company. Medical and administrative expenses included \$32,269,583 and \$24,669,255 for such services during the periods ended December 31, 2016 and December 31, 2015.

Nurse Response, a wholly owned subsidiary of Nursewise, LP which is in turn a wholly owned subsidiary of Centene Corporation, provides nurse-line triage services to the Company. Medical expenses included \$174,597 and \$290,623 for such services for the periods ended December 31, 2016 and December 31, 2015.

US Script, Inc., a wholly owned subsidiary of Centene Corporation, provides pharmacy benefits management services to the Company. Medical and administrative expenses included \$29,463,516 and \$38,367,817 for such services for the periods ended December 31, 2016 and December 31, 2015.

OptiCare Managed Vision, Inc., a wholly owned subsidiary of Centene Corporation, provides managed vision services to the Company. Medical expenses included \$1,815,867 and \$2,092,863 for such services for the periods ended December 31, 2016 and December 31, 2015.

Nurtur Health, Inc., a wholly owned subsidiary of Centene Corporation, provides health management services to the Company. Medical expenses included \$1,218,445 and \$1,394,992 for such services for the periods ended December 31, 2016 and December 31, 2015.

Cenpatico Behavioral Health, LLC, a wholly owned subsidiary of CenCorp Health Solutions, Inc. which is a wholly owned subsidiary of Centene Corporation, provides managed behavioral health services to the Company. Medical expenses included \$4,962,227 and \$6,197,943 for such services for the period ended December 31, 2016 and December 31, 2015.

Novasys Health Inc., a wholly owned subsidiary of Celtic Group, Inc. which is a wholly owned subsidiary of Centene Corporation, provides third party administrative services and network access to the Company. Expenses included \$163,265 and \$565,866 for such services for the periods ended December 31, 2016 and December 31, 2015.

California Health and Wellness, Inc., a wholly owned subsidiary of Centene Corporation, obtains network access services from the Company. Revenues included \$279,994 and \$1,069,295 for such services for the periods ended December 31, 2016 and December 31, 2015.

D. Included in the Company’s balance sheet as of December 31, 2016 are receivables and/or payables due from/due to parent, subsidiaries and affiliates of

Affiliated Entity	2015 Receivable	2015 Payable
Centene Management Company	-	13,373,366
Celtic Group	258,552	-
Centene Corporation	-	168,668
NovaSys	-	169,811
Coordinated Care Corporation	-	2,670,215
California Health and Wellness	363	-
Ambetter of Peach State	64,577	-
IlliniCare Health Plan	1,958	-
Bridgeway Long Term Care	43	-

E. Not Applicable

H. Not Applicable.

I. The Company owns a 100% interest in Ambetter of Magnolia Inc. and Ambetter of Peach State Inc. which are both insurance subsidiaries valued at audited statutory equity, neither of which exceed 10% of the admitted assets of the Company.

J. Not applicable.

K. Not applicable.

L. Not applicable.

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plans - None

NOTES TO FINANCIAL STATEMENTS

- B. Description of investment policies and strategies – No Change
- C. Narrative description of the basis used to determine the overall expected long-term rate-of-return-on-assets assumption – No Change
- D. Fair value of each class of plan assets – No Change
- E. Defined Contribution Plans – No Change
- F. Multiemployer Plans – No Change
- G. Consolidated/Holding Company Plans – No Change
- H. Post-Employment Benefits and Compensated Absences – No Change
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – No Change

13. Capital and Surplus, Shareholder Dividend Restrictions and Quasi-Reorganizations

No Change

14. Contingencies

No Change

15. Leases

No Change

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No Change

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No Change

20. Fair Value Measurement

A. Assets Measured at Fair Value on a Recurring Basis

Assets and liabilities recorded at fair value in the statutory statement of admitted assets, liabilities and capital and surplus are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs.

Level inputs are as follows:

Level input	Input definition
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at March 31, 2016 for assets and liabilities measured at fair value on a recurring basis.

NOTES TO FINANCIAL STATEMENTS

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Cash Equivalents	\$ 16,612,166	\$ -	\$ -	\$ 16,612,166
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 16,612,166	\$ -	\$ -	\$ 16,612,166
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The following table summarizes fair value measurements by level at December 31, 2015 for assets and liabilities measured at fair value on a recurring basis.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Cash and Cash Equivalents	\$ 24,795,578	\$ -	\$ -	\$ 24,795,578
Perpetual Preferred stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	\$ -	\$ -	\$ -	\$ -
Bonds				
U.S. Governments	\$ -	\$ -	\$ -	\$ -
Industrial and Misc	\$ -	\$ -	-	-
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	\$ -	\$ -	\$ -	\$ -
Common Stock				
Industrial and Misc	\$ -	\$ -	\$ -	\$ -
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	\$ -	\$ -	\$ -	\$ -
Derivative assets				
Interest rate contracts	\$ -	\$ -	\$ -	\$ -
Foreign exchange contracts	-	-	-	-
Credit contracts	-	-	-	-
Commodity futures contracts	-	-	-	-
Commodity forward contracts	-	-	-	-
Total Derivatives	\$ -	\$ -	\$ -	\$ -
Separate account assets	\$ -	\$ -	\$ -	\$ -
Total assets at fair value	\$ 24,795,578	\$ -	\$ -	\$ 24,795,578
b. Liabilities at fair value				
Derivative liabilities	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

B. Fair Value Disclosures Under Other Pronouncements

None

C. Aggregate Fair Value for All Financial Statements

The following table summarizes fair value measurements by level at March 31, 2016 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Cash and short-term investments	\$ 219,082,609	219,082,609	219,082,609	—	—	—
Bonds	\$ 64,081,815	63,414,782	12,498,612	50,788,203	795,000	—
Other Invested Assets	\$ 1,308,086	1,308,086	—	—	1,308,086	—

The following table summarizes fair value measurements by level at December 31, 2014 for all financial instruments:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level I	Level II	Level III	Not Practicable (Carrying Value)
Cash and short-term investments	\$ 24,795,578	24,795,578	24,795,578	—	—	—
Bonds	\$ 63,523,410	62,900,384	12,249,524	50,228,886	1,045,000	—
Other Invested Assets	\$ 1,332,726	1,332,726	—	—	1,332,726	—

D. Aggregate Fair Value for All Financial Statements

NOTES TO FINANCIAL STATEMENTS

No Change

21. Other Items

A. Extraordinary Items

No Change

B. Troubled Debt Restructuring: Debtors

No Change

C. Other Disclosures

No Change

D. Business Interruption Insurance Recoveries

No Change

E. State Transferable Tax Credits

No Change

F. Subprime Mortgage Related Risk Exposure

No Change

G. Retained Assets

No Change

22. Events Subsequent

No Change

23. Reinsurance

No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premiums for its comprehensive individual health insurance business in accordance with the regulations put forth in Title 45 of the Code of Federal Regulations Part 153, Subpart F for the ACA Risk Corridors program and Title 45 of the Code of Federal Regulations Part 158 for the ACA MLR rebate Program.
- B. The company records accrued retrospective premiums through written premium.
- C. The amount of net premiums written by the company at March 31, 2016 which are subject to retrospective rating features was \$217.8 million, which represents 100% of the total net premiums written.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act –

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	\$ 13,795,163	\$ -	\$ -	\$ -	\$ 13,795,163
(2) Medical loss ratio rebates paid	\$ 6,774,488	\$ -	\$ -	\$ -	\$ 6,774,488
(3) Medical loss ratio rebates unpaid	\$ 7,020,676	\$ -	\$ -	\$ -	\$ 7,020,676
(4) Plus reinsurance assumed amounts	xxx	xxx	xxx	xxx	\$ -
(5) Less reinsurance ceded amounts	xxx	xxx	xxx	xxx	\$ -
(6) Rebates unpaid net of reinsurance	xxx	xxx	xxx	xxx	\$ 7,020,676
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	\$ (6,690,355)	\$ -	\$ -	\$ -	\$ (6,690,355)
(8) Medical loss ratio rebates paid	\$ -	\$ -	\$ -	\$ -	\$ -
(9) Medical loss ratio rebates unpaid	\$ 330,321	\$ -	\$ -	\$ -	\$ 330,321
(10) Plus reinsurance assumed amounts	xxx	xxx	xxx	xxx	\$ -
(11) Less reinsurance ceded amounts	xxx	xxx	xxx	xxx	\$ -
(12) Rebates unpaid net of reinsurance	xxx	xxx	xxx	xxx	\$ 330,321

E. Risk-Sharing Provisions of the Affordable Care Act (ACA).

NOTES TO FINANCIAL STATEMENTS

1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)?	Yes
2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year	
a) Permanent ACA Risk Adjustment Program	
Assets	
1) Premium adjustments receivable due to ACA Risk Adjustment	\$ -
Liabilities	
2) Risk adjustment user fees payable for ACA Risk Adjustment	\$ 176,885.45
3) Premium adjustments payable due to ACA Risk Adjustment	\$ 75,104,883.68
Operations (Revenue & Expense)	
4) Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk adjustment	\$ (63,402,732.09)
5) Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 123,855.05
b) Transitional ACA Reinsurance Program	
Assets	
1) Amounts recoverable for claims paid due to ACA Reinsurance	\$ 6,077,306.80
2) Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 2,394,063.61
3) Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premiums	\$ 979,801.87
5) Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 1,484,678.25
6) Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenue & Expense)	
7) Ceded reinsurance premiums due to ACA Reinsurance	\$ 1,484,677.27
8) Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 1,885,342.65
9) ACA Reinsurance contributions - not reported as ceded premium	\$ 371,169.32
c) Temporary ACA Risk Corridors Program	
Assets	
1) Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2) Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ 1,147,431.15
Operations (Revenue & Expense)	
3) Effect of ACA Risk Corridors on net premium income	\$ 651,662.42
4) Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -

2) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance											
	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2			Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
			3	4							5
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ret	Receivable
a) Permanent ACA Risk Adjustment Program											
1) Premium adjustments receivable	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	A	\$ -	\$ -
2) Premium adjustments (payable)	\$ -	\$ (11,702,151.59)	\$ -	\$ -	\$ -	\$ (11,702,151.59)	\$ -	\$ (7,087,182.65)	B	\$ -	\$ (18,789,334.24)
3) Subtotal ACA Permanent Risk Adjustment Program	\$ -	\$ (11,702,151.59)	\$ -	\$ -	\$ -	\$ (11,702,151.59)	\$ -	\$ (7,087,182.65)		\$ -	\$ (18,789,334.24)
b) Transitional ACA Reinsurance Program											
1) Amounts recoverable for claims paid	\$ 8,423,755.58	\$ -	\$ 3,707,815.16	\$ -	\$ 4,715,940.42	\$ -	\$ 1,114,123.46	\$ -	C	\$ 5,830,063.88	\$ -
2) Amounts recoverable for claims unpaid (contra liability)	\$ -	\$ 1,870,087.37	\$ -	\$ -	\$ -	\$ 1,870,087.37	\$ -	\$ (1,511,558.30)	D	\$ -	\$ 358,529.07
3) Amounts receivable relating to uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	E	\$ -	\$ -
4) Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ -	\$ (608,632.55)	\$ -	\$ -	\$ -	\$ (608,632.55)	\$ -	\$ -	F	\$ -	\$ (608,632.55)
5) Ceded reinsurance premiums payable	\$ -	\$ (1,825,897.66)	\$ -	\$ (1,825,897.66)	\$ -	\$ -	\$ -	\$ -	G	\$ -	\$ -
6) Liability for amounts held under uninsured plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	H	\$ -	\$ -
7) Subtotal ACA Transitional Reinsurance Program	\$ 8,423,755.58	\$ (564,442.84)	\$ 3,707,815.16	\$ (1,825,897.66)	\$ 4,715,940.42	\$ 1,261,454.81	\$ 1,114,123.46	\$ (1,511,558.30)		\$ 5,830,063.88	\$ (250,103.48)
c) Temporary ACA Risk Corridors Program											
1) Accrued retrospective premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	I	\$ -	\$ -
2) Reserve for rate credits or policy experience rating refunds	\$ -	\$ (1,799,093.57)	\$ -	\$ -	\$ -	\$ (1,799,093.57)	\$ -	\$ 651,662.42	J	\$ -	\$ (1,147,431.15)
3) Subtotal ACA Risk Corridors Program	\$ -	\$ (1,799,093.57)	\$ -	\$ -	\$ -	\$ (1,799,093.57)	\$ -	\$ 651,662.42		\$ -	\$ (1,147,431.15)
d. Total for ACA Risk Sharing Provisions	\$ 8,423,755.58	\$ (14,065,688.00)	\$ 3,707,815.16	\$ (1,825,897.66)	\$ 4,715,940.42	\$ (12,239,790.35)	\$ 1,114,123.46	\$ (7,947,078.53)		\$ 5,830,063.88	\$ (20,186,868.87)

25. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2015 were \$34.5 million. As of March 31, 2016, \$24.1 million has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$8.6 million as a result of re-estimation of unpaid claims and claim adjustment expenses on the Company’s accident and health line of insurance. Therefore, there has been \$1.8 million of favorable prior-year development since December 31, 2015 to March 31, 2016. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Change

27. Structured Settlements

No Change

28. Health Care Receivables

No Change

29. Participating Policies

No Change

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves - \$684,166
2. Date of the most recent evaluation of this liability – 3/31/2016
3. Was anticipated investment income utilized in the calculation - Yes

31. Anticipated Salvage and Subrogation

No Change



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.

On March 24, 2016, Sunflower's parent company, Centene Corporation, completed the acquisition of Health Net, Inc. (Health Net) for approximately \$6.0 billion, including the assumption of debt. Health Net and its subsidiaries have been added to Schedule Y, Parts 1 and 1A.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/22/2011
- 6.4

By what department or departments?

Illinois Department of Insurance.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No [ ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$ .....

\$ .....

\$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] No [ ]

- 17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Brown Brothers Harriman Trust Company.....	140 Broadway, New York, NY 10005.....
Conseco Capital Management.....	11825 North Pennsylvania Street, Building K, Carmel, IN 46032.....

- 17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes [ ] No [X]

- 17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

- 17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes [X] No [ ]

- 18.2 If no, list exceptions:
- .....

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1.	Operating Percentages:	
1.1	A&H loss percent.....	68.3 %
1.2	A&H cost containment percent .....	0.0 %
1.3	A&H expense percent excluding cost containment expenses.....	%
2.1	Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3	Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date.....	\$

## SCHEDULE S - CEDED REINSURANCE

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories										
States, Etc.	1  Active Status	Direct Business Only								
		2  Accident & Health Premiums	3  Medicare Title XVIII	4  Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama	AL	L40,754				629		41,383		
2. Alaska	AK	L974						974		
3. Arizona	AZ	L15,803				185		15,988		
4. Arkansas	AR	L47,093,517				968		47,094,485		
5. California	CA	L22,210						22,210		
6. Colorado	CO	L4,012				63		4,075		
7. Connecticut	CT	L45,551				122		45,673		
8. Delaware	DE	L8,961				70		9,031		
9. Dist. Columbia	DC	L						0		
10. Florida	FL	L82,126,464				786		82,127,250		
11. Georgia	GA	L110,856				393		111,249		
12. Hawaii	HI	L						0		
13. Idaho	ID	L						0		
14. Illinois	IL	L12,566,260				1,460		12,567,720		
15. Indiana	IN	L18,601,159				1,369		18,602,528		
16. Iowa	IA	L27,078				124		27,202		
17. Kansas	KS	L9,649						9,649		
18. Kentucky	KY	L4,680						4,680		
19. Louisiana	LA	L6,926						6,926		
20. Maine	ME	L6,339				188		6,527		
21. Maryland	MD	L20,538						20,538		
22. Massachusetts	MA	L10,567				2,454		13,021		
23. Michigan	MI	L4,791						4,791		
24. Minnesota	MN	L6,718						6,718		
25. Mississippi	MS	L23,717				171		23,888		
26. Missouri	MO	L19,452						19,452		
27. Montana	MT	L2,033						2,033		
28. Nebraska	NE	L40,022				87		40,109		
29. Nevada	NV	L13,739						13,739		
30. New Hampshire	NH	L25,793,254						25,793,254		
31. New Jersey	NJ	L277,131						277,131		
32. New Mexico	NM	L14,589				1,365		15,954		
33. New York	NY	N19,892						19,892		
34. North Carolina	NC	L25,914				1,186		27,100		
35. North Dakota	ND	L1,735						1,735		
36. Ohio	OH	L31,186				751		31,937		
37. Oklahoma	OK	L11,558				24		11,582		
38. Oregon	OR	L2,024						2,024		54
39. Pennsylvania	PA	L36,330						36,330		
40. Rhode Island	RI	L1,040						1,040		
41. South Carolina	SC	L45,076				1,602		46,678		
42. South Dakota	SD	L10,132				77		10,209		
43. Tennessee	TN	L13,298				1,536		14,834		
44. Texas	TX	L35,461,802				1,804		35,463,606		
45. Utah	UT	L3,171						3,171		
46. Vermont	VT	L8,078						8,078		
47. Virginia	VA	L23,743				1,804		25,547		
48. Washington	WA	L2,741						2,741		
49. West Virginia	WV	L6,966						6,966		
50. Wisconsin	WI	L3,737				378		4,115		
51. Wyoming	WY	L6,792				361		7,153		
52. American Samoa	AS	N						0		
53. Guam	GU	N						0		
54. Puerto Rico	PR	N						0		
55. U.S. Virgin Islands	VI	N						0		
56. Northern Mariana Islands	MP	N						0		
57. Canada	CAN	N						0		
58. Aggregate other alien	OT	XXX0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	222,632,959	0	0	0	19,957	0	222,652,916		54
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a)50	222,632,959	0	0	0	19,957	0	222,652,916		54
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and other Alien.

## STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

Centene Corporation	42-1406317	DE	
Bankers Reserve Life Insurance Company of Wisconsin	39-0993433	WI	71013
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Peach State Health Plan, Inc	20-3174593	GA	12315
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Iowa Total Care, Inc	46-4829006	IA	15713
Buckeye Community Health Plan, Inc	32-0045282	OH	11834
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Absolute Total Care, Inc	20-5693998	SC	12959
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Physicians Choice, LLC	59-3807546	SC	
PhyTrust of South Carolina LLC	65-1206841	FL	
Coordinated Care Corporation d/b/a Managed Health Services	39-1821211	IN	95831
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Washington Holdings, Inc	46-5523218	DE	
Coordinated Care of Washington, Inc	46-2578279	WA	15352
Managed Health Services Insurance Corp	39-1678579	WI	96822
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Hallmark Life Insurance Co	86-0819817	AZ	60078
Superior HealthPlan, Inc	74-2770542	TX	95647
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Healthy Louisiana Holdings LLC	27-0916294	DE	
Louisiana Healthcare Connections, Inc	27-1287287	LA	13970
Magnolia Health Plan Inc	20-8570212	MS	13923
IlliniCare Health Plan, Inc	27-2186150	IL	14053
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunshine Health Holding LLC	26-0557093	FL	
Sunshine State Health Plan, Inc	20-8937577	FL	13148
Access Health Solutions LLC	56-2384404	FL	
Sunshine Consulting Services, Inc.	27-0242132	DE	
Kentucky Spirit Health Plan, Inc	45-1294925	KY	14100
Healthy Missouri Holding, Inc	45-5070230	MO	
Home State Health Plan, Inc	45-2798041	MO	14218
Health Plan Real Estate Holding, Inc	46-2860967	MO	
Sunflower State Health Plan, Inc	45-3276702	KS	14345
Granite State Health Plan, Inc	45-4792498	NH	14226
Bridgeway Advantage Solutions, Inc	46-4195563	AZ	15447
California Health and Wellness Plan	46-0907261	CA	
Fidelis SecureCare of Michigan, Inc.	30-0312489	MI	10769

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

15.1

Agate Resources, Inc.	20-0483299	OR	
Lane Individual Practice Association, Inc.	93-1198219	OR	
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Trillium Community Health Plan, Inc.	42-1694349	OR	12559
Agate Properties, LLC	26-4475075	OR	
Independent Professional Services, LLC	93-1198376	OR	
Nebraska Total Care, Inc.	47-5123293	NE	15902
Pennsylvania Health & Wellness, Inc.	47-5340613	PA	
Superior HealthPlan Community Solutions, Inc.	47-5664832	TX	15912
Sunshine Health Community Solutions, Inc.	47-5667095	FL	15927
Arkansas Health and Wellness Inc.	81-1282251	AR	
Centene Management Company LLC	39-1864073	WI	
CMC Real Estate Co. LLC	20-0057283	DE	
Centene Center LLC	26-4094682	DE	
Centene Center II, LLC	47-5156015	DE	
CMC Hanley, LLC	46-4234827	MO	
Forhan, LLC	47-2914561	MO	
Hanley-Forsyth, LLC	37-1766939	MO	
GPT Acquisition LLC	45-5431787	DE	
Clayton Property Investment LLC	45-4372065	DE	
LSM Holdco, Inc.	46-2794037	DE	
Lifeshare Management Group, LLC	46-2798132	NH	
CCTX Holdings, LLC	20-2074217	DE	
Centene Holdings, LLC	74-2810404	TX	
Centene Holdings, LLC	20-2074277	DE	
Centene Company of Texas, LP	74-2810404	TX	
MHS Travel & Charter, Inc	43-1795436	WI	
LiveHealthier, Inc.	47-2516714	DE	
Envolve, Inc.	37-1788565	DE	
AHA Administrative Services, LLC	n/a	AL	
Centene Health Systems Group of New York	47-3454898	NY	
Health Care Enterprises, LLC	46-4855483	DE	
CenCorp Health Solutions, Inc	22-3889471	DE	
Cenphiny Mgmt, LLC	42-1565805	DE	
NurseWise Holdings LLC	42-1565807	DE	
NurseWise LP	52-2379566	DE	
Nurse Response, Inc	20-4730372	DE	
Bridgeway Health Solutions, LLC	20-4980875	DE	
Bridgeway Health Solutions of Arizona Inc.	20-4980818	AZ	
Nurtur Health,	06-1476380	DE	



STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

15.2

Inc			
Family Care & Workforce Diversity Consultants LLC d/b/a	06-1404277	CT	
Worklife Innovations			
Wellness By Choice, LLC	16-1686991	NY	
Cenpatico Behavioral Health, LLC	68-0461584	CA	
CBHSP Arizona, Inc	86-0782736	AZ	
Cenpatico of California, Inc	47-2595704	CA	
Integrated Mental Health Mgmt, LLC	74-2892993	TX	
Integrated Mental Health Services	74-2785494	TX	
Cenpatico Behavioral Health of Arizona, LLC	20-1624120	AZ	
Cenpatico of Arizona Inc.	80-0879942	AZ	14704
Envolve Benefit Options, Inc.	20-4730341	DE	
Envolve Captive Insurance Company, Inc.	36-4520004	SC	
AECC Total Vision Health Plan of Texas, Inc	75-2592153	TX	95302
Envolve Vision, Inc	20-4773088	DE	
Envolve Vision of Florida, Inc	65-0094759	FL	
Envolve Total Vision, Inc.	20-4861241	DE	
Envolve Vision of New York, Inc.	06-1635519	NY	
Dental Health & Wellness, Inc	46-2783884	DE	
Cenpatico of Louisiana, Inc.	45-2303998	LA	15357
Celtic Group, Inc	36-2979209	DE	
Celtic Insurance Company	06-0641618	IL	80799
Ambetter of Magnolia Inc	35-2525384	MS	15762
Ambetter of Peach State Inc.	36-4802632	GA	15729
Novasys Health, Inc	27-2221367	DE	
CeltiCare Health Plan Holdings LLC	26-4278205	DE	
CeltiCare Health Plan of Massachusetts, Inc.	26-4818440	MA	13632
US Script, Inc	77-0578529	DE	
LBB Industries, Inc	76-0511700	TX	
RX Direct, Inc	75-2612875	TX	
US Script IPA, LLC	46-2307356	NY	
Casenet LLC	90-0636938	DE	
Casenet S.R.O.	Foreign	CZE	
Centurion Group, Inc	61-1450727	DE	
Centurion LLC	90-0766502	DE	
Centurion of Virginia, LLC	47-1577742	VA	
Centurion of Vermont, LLC	47-1686283	VT	
Centurion of Mississippi, LLC	47-2967381	MS	
Centurion of Tennessee, LLC	30-0752651	TN	
Massachusetts Partnership for Correctional Healthcare, LLC	61-1696004	MA	
Centurion of Idaho, LLC	46-3590120	ID	

## STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

	Centurion of Michigan, LLC	46-1041008	MI
	Centurion of Minnesota, LLC	46-2717814	MN
	Centurion Correctional Healthcare of New Mexico, LLC	81-1161492	NM
	Centurion of Florida, LLC	81-0687470	FL
	Specialty Therapeutic Care Holdings, LLC	27-3617766	DE
	Specialty Therapeutic Care, LP	73-1698808	TX
	Specialty Therapeutic Care, GP, LLC	73-1698807	TX
	Specialty Therapeutic Care, LP	73-1698808	TX
	Specialty Therapeutic Care West, LLC	26-2624521	TX
	AcariaHealth Solutions, Inc.	80-0856383	DE
AcariaHealth, Inc.		45-2780334	DE
	AcariaHealth Pharmacy #14, Inc	27-1599047	CA
	AcariaHealth Pharmacy #11, Inc	20-8192615	TX
	AcariaHealth Pharmacy #12, Inc	27-2765424	NY
	AcariaHealth Pharmacy #13, Inc	26-0226900	CA
	AcariaHealth Pharmacy, Inc	13-4262384	CA
	HomeScripts.com, LLC	27-3707698	MI
	New York Rx, Inc.	20-8235695	NY
	U.S. Medical Management Holdings, Inc	27-0275614	DE
	U.S. Medical Management, LLC	38-3153946	DE
	U.S. Medical Management, LLC	38-3153946	DE
RMED, LLC		31-1733889	FL
	IAH of Florida, LLC	47-2138680	FL
	Heritage Home Hospice, LLC	51-0581762	MI
	Grace Hospice of Austin, LLC	20-2827613	MI
	ComfortBrook Hospice, LLC	20-1530070	OH
	Comfort Hospice of Texas, LLC	20-4996551	MI
	Grace Hospice of San Antonio, LLC	20-2827526	MI
	Grace Hospice of Grand Rapids, LLC	45-0679248	MI
	Grace Hospice of Indiana, LLC	45-0634905	MI
	Grace Hospice of Virginia, LLC	45-5080637	MI
	Comfort Hospice of Missouri, LLC	45-5080567	MI
	Grace Hospice of Colorado, LLC	45-5080675	MI
	Grace Hospice of Wisconsin, LLC	46-1708834	MI
	Seniorcorps Pensinsula, LLC	26-4435532	VA
	R&C Healthcare, LLC	33-1179031	TX
A N J, LLC		20-0927034	TX
	Pinnacle Senior Care of Missouri, LLC	46-0861469	MI
	Country Style Health Care, LLC	03-0556422	TX
	Phoenix Home Health Care, LLC	14-1878333	DE
	Traditional Home Health Services, LLC	75-2635025	TX
	Family Nurse Care, LLC	38-2751108	MI
	Family Nurse Care II, LLC	20-5108540	MI

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

	Family Nurse Care of Ohio, LLC	20-3920947	MI	
	Pinnacle Senior Care of Wisconsin, LLC	46-4229858	WI	
	Pinnacle Senior Care of Indiana, LLC	81-1565426	MI	
	Pinnacle Home Care, LLC	76-0713516	TX	
	North Florida Health Services, Inc	59-3519060	FL	
	Pinnacle Sr. Care of Kalamazoo, LLC	47-1742728	MI	
	Hospice DME Company, LLC	46-1734288	MI	
	Rapid Respiratory Services, LLC	20-4364776	DE	
	USMM Accountable Care Network, LLC	46-5730959	DE	
	USMM Accountable Care Partners, LLC	46-5735993	DE	
	USMM Accountable Care Solutions, LLC	46-5745748	DE	
USMM ACO, LLC		45-4165480	MI	
	USMM ACO Florida, LLC	45-4157180	MI	
	USMM ACO North Texas, LLC	45-4154905	MI	
Health Net, Inc.		47-5208076	DE	
	Health Net of California, Inc.	95-4402957	CA	
	Health Net Life Insurance Company	73-0654885	CA	66141
	Health Net Life Reinsurance Company	98-0409907	CYM	
	Health Net of California Real Estate Holdings, Inc.	54-2174069	CA	
	Managed Health Network, Inc.	95-4117722	DE	
	Catalina Behavioral Health Services, Inc.	51-0490598	AZ	
	Managed Health Network	95-3817988	CA	
	MHN Services	95-4146179	CA	
	MHN Services IPA, Inc.	13-4027559	NY	
	MHN Government Services, Inc.	42-1680916	DE	
	MHN Global Services, Inc.	51-0589404	DE	
	MHN Government Services-Belgium, Inc.	80-0852000	DE	
	MHN Government Services-Djibouti, Inc.	90-0889816	DE	
	MHN Government Services-Germany, Inc.	80-0852008	DE	
	MHN Government Services-Guam, Inc.	90-0889803	DE	
	MHN Government Services-International, Inc.	90-0889825	DE	
	MHN Government Services-Italy, Inc.	80-0852019	DE	
	MHN Government Services-Japan, Inc.	46-1038058	DE	
	MHN Government Services-Puerto Rico, Inc.	90-0889815	DE	
	MHN Government Services-Turkey, Inc.	90-0889824	DE	
	MHN Government Services-United Kingdom, Inc.	90-0889833	DE	
	Network Providers, LLC	88-0357895	DE	
	Health Net Federal Services, LLC	68-0214809	DE	
	Health Net Preferred Providers, LLC	61-1388903	DE	
	Health Net Veterans, LLC	35-2490375	DE	
	Network Providers, LLC	88-0357895	DE	
	Health Net of the Northeast, LLC	06-1116976	DE	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

	Health Net of the Northeast, LLC	06-1116976	DE	
QualMed, Inc.		84-1175468	DE	
	QualMed Plans for Health of Colorado, Inc.	84-0975985	CO	
	Health Net Health Plan of Oregon, Inc.	93-1004034	OR	95800
	HSI Advantage Health Holdings, Inc.	23-2867299	DE	
QualMed Plans for Health of Western Pennsylvania, Inc.		23-2867300	PA	
	Pennsylvania Health Care Plan, Inc.	25-1516632	PA	
	Health Net Services Inc.	94-3037822	DE	
Health Net Community Solutions of Arizona, Inc.		81-1348826	AZ	15895
	Health Net Community Solutions, Inc.	54-2174068	CA	
	Health Net of Arizona, Inc.	36-3097810	AZ	95206
	Health Net One Payment Services, Inc.	54-2153100	DE	
	Health Net of Pennsylvania, LLC	n/a	PA	
QualMed Plans for Health of Pennsylvania, Inc.		23-2456130	PA	
	FH Surgery Limited, Inc.	68-0390434	CA	
	Foundation Health Facilities, Inc.	68-0390438	CA	
	FH Assurance Company	98-0150604	CYM	
	Health Net Pharmaceutical Services	68-0295375	CA	
Health Net of Arizona Administrative Services, Inc.		86-0660443	AZ	
	National Pharmacy Services Inc.	84-1301249	DE	
	Integrated Pharmacy Systems, Inc.	23-2789453	PA	
	FH Surgery Centers Inc.	68-0390435	CA	
Greater Sacramento Surgery Center LP		68-0343818	CA	
	Health Net Access, Inc.	46-2616037	AZ	
	MHS Consulting, International, Inc	20-8630006	DE	
	PRIMEROSALUD, S.L.	Foreign	ESP	
	Centene UK Limited	Foreign	GBR	
The Practice Plc		Foreign	GBR	

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295.....	Centene Corporation.....	00000.....	42-1406317.....		0001071739.....	New York Stock Exchange.....	Centene Corporation.....	DE.....	UDP.....	Shareholders/Board of Directors.....	Shareholders/Board of Directors.....	100.0.....	Shareholders/Board of Directors.....	0.....
01295.....	Centene Corporation.....	71013.....	39-0993433.....				Bankers Reserve Life Insurance Company of Wisconsin.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Bankers Reserve Life Insurance Company of Wisconsin.....	Ownership.....	17.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	12315.....	20-3174593.....				Peach State Health Plan, Inc.....	GA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Peach State Health Plan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	15713.....	46-4829006.....				Iowa Total Care, Inc.....	IA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	11834.....	32-0045282.....				Buckeye Community Health Plan, Inc.....	OH.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Buckeye Community Health Plan, Inc.....	Ownership.....	13.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	12959.....	20-5693998.....				Absolute Total Care, Inc.....	SC.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	1.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	59-3807546.....				Physicians Choice, LLC.....	SC.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	65-1206841.....				PhyTrust of South Carolina LLC.....	FL.....	NIA.....	Absolute Total Care, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	95831.....	39-1821211.....				Coordinated Care Corporation d/b/a Managed Health Services.....	IN.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Coordinated Care Corporation d/b/a Managed Health Services.....	Ownership.....	15.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-5523218.....				Healthy Washington Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	15352.....	46-2578279.....				Coordinated Care of Washington, Inc.....	WA.....	IA.....	Healthy Washington Holdings, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	96822.....	39-1678579.....				Managed Health Services Insurance Corp.....	WI.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Managed Health Services Insurance Corp.....	Ownership.....	2.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	60078.....	86-0819817.....				Hallmark Life Insurance Co.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	95647.....	74-2770542.....				Superior HealthPlan, Inc.....	TX.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Superior HealthPlan, Inc.....	Ownership.....	21.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	27-0916294.....				Healthy Louisiana Holdings LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	13970.....	27-1287287.....				Louisiana Healthcare Connections, Inc.....	LA.....	IA.....	Healthy Louisiana Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	13923.....	20-8570212.....				Magnolia Health Plan Inc.....	MS.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	14053.....	27-2186150.....				IlliniCare Health Plan, Inc.....	IL.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	IlliniCare Health Plan, Inc.....	Ownership.....	5.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	26-0557093.....				Sunshine Health Holding LLC.....	FL.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	13148.....	20-8937577.....				Sunshine State Health Plan, Inc.....	FL.....	IA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	56-2384404.....				Access Health Solutions LLC.....	FL.....	NIA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	27-0242132.....				Sunshine Consulting Services, Inc.....	DE.....	NIA.....	Sunshine Health Holding LLC.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	14100.....	45-1294925.....				Kentucky Spirit Health Plan, Inc.....	KY.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	45-5070230.....				Healthy Missouri Holding, Inc.....	MO.....	NIA.....	Centene Corporation.....	Ownership.....	95.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	14218.....	45-2798041.....				Home State Health Plan, Inc.....	MO.....	IA.....	Healthy Missouri Holding, Inc.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	46-2860967.....				Health Plan Real Estate Holding, Inc.....	MO.....	NIA.....	Home State Health Plan, Inc.....	Ownership.....	5.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	14345.....	45-3276702.....				Sunflower State Health Plan, Inc.....	KS.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	14226.....	45-4792498.....				Granite State Health Plan, Inc.....	NH.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	15447.....	46-4195563.....				Bridgeway Advantage Solutions, Inc.....	AZ.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	46-0907261.....				California Health and Wellness Plan.....	CA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	10769.....	30-0312489.....				Fidelis SecureCare of Michigan, Inc.....	MI.....	IA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	20-0483299.....				Agate Resources, Inc.....	OR.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	93-1198219.....				Lane Individual Practice Association, Inc.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Lane Individual Practice Association, Inc.....	Ownership.....	60.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	12559.....	42-1694349.....				Trillium Community Health Plan, Inc.....	OR.....	IA.....	Agate Resources, Inc.....	Ownership.....	40.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	26-4475075.....				Agate Properties, LLC.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	93-1198376.....				Independent Professional Services, LLC.....	OR.....	NIA.....	Agate Resources, Inc.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	47-5123293.....				Nebraska Total Care, Inc.....	NE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0
01295.....	Centene Corporation.....	00000.....	47-5340613.....				Pennsylvania Health & Wellness, Inc.....	PA.....	NIA.....	Centene Corporation.....	Ownership.....	100.0	Centene Corporation.....	0

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....	39-1864073.....				Centene Management Company LLC.....	WI.....	NIA.....	Centene Corporation..... Centene Management Company	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-0057283.....				CMC Real Estate Co. LLC.....	DE.....	NIA.....	LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4094682.....				Centene Center LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5156015.....				Centene Center II, LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-4234827.....				CMC Hanley, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2914561.....				Forhan, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	37-1766939.....				Hanley-Forsyth, LLC.....	MO.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	45-5431787.....				GPT Acquisition LLC.....	DE.....	NIA.....	CMC Real Estate Co. LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	45-4372065.....				Clayton Property Investment LLC.....	DE.....	NIA.....	GPT Acquisition LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2794037.....				LSM Holdco, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2798132.....				Lifeshare Management Group, LLC.....	NH.....	NIA.....	LSM Holdco, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....					Chopin Merger Sub I, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-5208076.....				Chopin Merger Sub II, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074217.....				CCTX Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....				Centene Company of Texas, LP.....	TX.....	NIA.....	CCTX Holdings, LLC.....	Ownership.....	1.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-2074277.....				Centene Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2810404.....				Centene Company of Texas, LP.....	TX.....	NIA.....	Centene Holdings, LLC.....	Ownership.....	99.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	43-1795436.....				MHS Travel & Charter, Inc.....	WI.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2516714.....				LiveHealthier, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	37-1788565.....				Envolve, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-3454898.....				Centene Health Systems Group of New York.....	NY.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-4855483.....				Health Care Enterprises, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	22-3889471.....				GenCorp Health Solutions, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	42-1565805.....				Genphiny Mgmt, LLC.....	DE.....	NIA.....	GenCorp Health Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295.....	Centene Corporation.....	00000.....	42-1565807.....				NurseWise Holdings LLC.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	52-2379566.....				NurseWise LP.....	DE.....	NIA.....	NurseWise Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4730372.....				Nurse Response, Inc.....	DE.....	NIA.....	NurseWise LP.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4980875.....				Bridgeway Health Solutions, LLC.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4980818.....				Bridgeway Health Solutions of Arizona, Inc.....	AZ.....	NIA.....	Bridgeway Health Solutions, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	06-1476380.....				Nurtur Health, Inc.....	DE.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	06-1404277.....				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations.....	CT.....	NIA.....	Nurtur Health, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	16-1686991.....				Wellness By Choice, LLC.....	NY.....	NIA.....	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	68-0461584.....				Cenpatico Behavioral Health, LLC.....	CA.....	NIA.....	CenCorp Health Solutions, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	12525.....	74-3018565.....				Cenpatico Behavioral Health of Texas, Inc.....	TX.....	IA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	86-0782736.....				CBHSP Arizona, Inc.....	AZ.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2595704.....				Cenpatico of California, Inc.....	CA.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2892993.....				Integrated Mental Health Mgmt, LLC.....	TX.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	74-2785494.....				Integrated Mental Health Services.....	TX.....	NIA.....	Integrated Mental Health Mgmt, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-1624120.....				Cenpatico Behavioral Health of Arizona, LLC.....	AZ.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	14704.....	80-0879942.....				Cenpatico of Arizona Inc.....	AZ.....	IA.....	Cenpatico Behavioral Health of Arizona, LLC.....	Ownership.....	80.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	27-5349029.....				Cenpatico of Florida, Inc.....	FL.....	NIA.....	Cenpatico Behavioral Health, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4730341.....				Involve Benefit Options, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	36-4520004.....				OptiCare Vision Insurance Co, Inc.....	SC.....	NIA.....	Involve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	95302.....	75-2592153.....				AEOC Total Vision Health Plan of Texas, Inc.....	TX.....	IA.....	Involve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	20-4773088.....				OptiCare Vision Company, Inc.....	DE.....	NIA.....	Involve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	65-0094759.....				Ocucare Systems, Inc.....	FL.....	NIA.....	Involve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....



STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
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01295.....	Centene Corporation.....	00000.....	20-4861241.....				Envolve Total Vision, Inc.....	DE.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	06-1635519.....				OptiCare IPA of New York, Inc.....	NY.....	NIA.....	Envolve Benefit Options, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2783884.....				Dental Health & Wellness, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	15357.....	45-2303998.....				Cenpatico of Louisiana, Inc.....	LA.....	IA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	36-2979209.....				Celtic Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	80799.....	06-0641618.....				Celtic Insurance Company.....	IL.....	IA.....	Celtic Group, Inc.....	Ownership.....	75.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	15762.....	35-2525384.....				Ambetter of Magnolia Inc.....	MS.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	15729.....	36-4802632.....				Ambetter of Peach State Inc.....	GA.....	IA.....	Celtic Insurance Company.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	27-2221367.....				Novasys Health, Inc.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	26-4278205.....				CeltiCare Health Plan Holdings LLC.....	DE.....	NIA.....	Celtic Group, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	13632.....	26-4818440.....				CeltiCare Health Plan of Massachusetts, Inc.....	MA.....	IA.....	CeltiCare Health Plan Holdings LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	77-0578529.....				US Script, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	76-0511700.....				LBB Industries, Inc.....	TX.....	NIA.....	US Script, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	75-2612875.....				RX Direct, Inc.....	TX.....	NIA.....	US Script, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	46-2307356.....				US Script IPA, LLC.....	NY.....	NIA.....	US Script, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0636938.....				Casenet LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....					Casenet S.R.O.....	CZE.....	NIA.....	Casenet LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	61-1450727.....				Centurion Group, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	90-0766502.....				Centurion LLC.....	DE.....	NIA.....	Centurion Group, Inc.....	Ownership.....	51.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1577742.....				Centurion of Virginia, LLC.....	VA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1686283.....				Centurion of Vermont, LLC.....	VT.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-1229365.....				Centurion of Pennsylvania, LLC.....	PA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	47-2967381.....				Centurion of Mississippi, LLC.....	MS.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....
01295.....	Centene Corporation.....	00000.....	30-0752651.....				Centurion of Tennessee, LLC.....	TN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	0.....

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295.....	Centene Corporation.....	00000.....	61-1696004.....	.....	.....	.....	Massachusetts Partnership for Correctional Healthcare, LLC.....	MA.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	46-3590120.....	.....	.....	.....	Centurion of Idaho, LLC.....	ID.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	46-1041008.....	.....	.....	.....	Centurion of Michigan, LLC.....	MI.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	46-2717814.....	.....	.....	.....	Centurion of Minnesota, LLC.....	MN.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	.....	.....	.....	.....	Centurion Correctional Healthcare of New Mexico, LLC.....	NM.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	81-0687470.....	.....	.....	.....	Centurion of Florida, LLC.....	FL.....	NIA.....	Centurion LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	27-3617766.....	.....	.....	.....	Specialty Therapeutic Care Holdings, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	73-1698808.....	.....	.....	.....	Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	73-1698807.....	.....	.....	.....	Specialty Therapeutic Care, GP, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	73-1698808.....	.....	.....	.....	Specialty Therapeutic Care, LP.....	TX.....	NIA.....	Specialty Therapeutic Care, GP, LLC.....	Ownership.....	0.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	26-2624521.....	.....	.....	.....	Specialty Therapeutic Care West, LLC.....	TX.....	NIA.....	Specialty Therapeutic Care, LP (0.01%).....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	80-0856383.....	.....	.....	.....	AcariaHealth Solutions, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	45-2780334.....	.....	.....	.....	AcariaHealth, Inc.....	DE.....	NIA.....	Specialty Therapeutic Care Holdings, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	27-1599047.....	.....	.....	.....	AcariaHealth Pharmacy #14, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	20-8192615.....	.....	.....	.....	AcariaHealth Pharmacy #11, Inc.....	TX.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	27-2765424.....	.....	.....	.....	AcariaHealth Pharmacy #12, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	26-0226900.....	.....	.....	.....	AcariaHealth Pharmacy #13, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	13-4262384.....	.....	.....	.....	AcariaHealth Pharmacy, Inc.....	CA.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	27-3707698.....	.....	.....	.....	HomeScripts.com, LLC.....	MI.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	20-8235695.....	.....	.....	.....	New York Rx, Inc.....	NY.....	NIA.....	AcariaHealth, Inc.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	27-0275614.....	.....	.....	.....	U.S. Medical Management Holdings, Inc.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	100.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	38-3153946.....	.....	.....	.....	U.S. Medical Management, LLC.....	DE.....	NIA.....	U.S. Medical Management Holdings, Inc.....	Ownership.....	20.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	38-3153946.....	.....	.....	.....	U.S. Medical Management, LLC.....	DE.....	NIA.....	Centene Corporation.....	Ownership.....	48.0.....	Centene Corporation.....	.....0
01295.....	Centene Corporation.....	00000.....	31-1733889.....	.....	.....	.....	RMED, LLC.....	FL.....	NIA.....	U.S. Medical Management, LLC.....	Ownership.....	100.0.....	Centene Corporation.....	.....0

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295.....	Centene Corporation.....	00000.....	47-2138680.....	.....	.....	.....	IAH of Florida, LLC.....	..FL.....	.....NIA.....	RMED, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	51-0581762.....	.....	.....	.....	Heritage Home Hospice, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-2827613.....	.....	.....	.....	Grace Hospice of Austin, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-1530070.....	.....	.....	.....	ComfortBrook Hospice, LLC.....	.....OH.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-4996551.....	.....	.....	.....	Comfort Hospice of Texas, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-2827526.....	.....	.....	.....	Grace Hospice of San Antonio, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-0679248.....	.....	.....	.....	Grace Hospice of Grand Rapids, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-0634905.....	.....	.....	.....	Grace Hospice of Indiana, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-5080637.....	.....	.....	.....	Grace Hospice of Virginia, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-5080567.....	.....	.....	.....	Comfort Hospice of Missouri, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-5080675.....	.....	.....	.....	Grace Hospice of Colorado, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-1708834.....	.....	.....	.....	Grace Hospice of Wisconsin, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	26-4435532.....	.....	.....	.....	Seniorcorps Pensinsula, LLC.....	.....VA.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	33-1179031.....	.....	.....	.....	R&C Healthcare, LLC.....	.....TX.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-0927034.....	.....	.....	.....	A N J, LLC.....	.....TX.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-0861469.....	.....	.....	.....	Pinnacle Senior Care of Missouri, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	03-0556422.....	.....	.....	.....	Country Style Health Care, LLC.....	.....TX.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	14-1878333.....	.....	.....	.....	Phoenix Home Health Care, LLC.....	.....DE.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	75-2635025.....	.....	.....	.....	Traditional Home Health Services, LLC.....	.....TX.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	38-2751108.....	.....	.....	.....	Family Nurse Care, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-5108540.....	.....	.....	.....	Family Nurse Care II, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-3920947.....	.....	.....	.....	Family Nurse Care of Ohio, LLC.....	.....MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-4229858.....	.....	.....	.....	Pinnacle Senior Care of Wisconsin, LLC.....	.....WI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	76-0713516.....	.....	.....	.....	Pinnacle Home Care, LLC.....	.....TX.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
01295.....	Centene Corporation.....	00000.....	59-3519060.....				North Florida Health Services, Inc.....	..FL.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	47-1742728.....				Pinnacle Sr. Care of Kalamazoo, LLC.....	..MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-1734288.....				Hospice DME Company, LLC.....	..MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-4364776.....				Rapid Respiratory Services, LLC.....	..DE.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-5730959.....				USMM Accountable Care Network, LLC.....	..DE.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-5735993.....				USMM Accountable Care Partners, LLC.....	..DE.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	46-5745748.....				USMM Accountable Care Solutions, LLC.....	..DE.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-4165480.....				USMM ACO, LLC.....	..MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-4157180.....				USMM ACO Florida, LLC.....	..MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	45-4154905.....				USMM ACO North Texas, LLC.....	..MI.....	.....NIA.....	U.S. Medical Management, LLC.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....	20-8630006.....				MHS Consulting, International, Inc.....	..DE.....	.....NIA.....	Centene Corporation.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....					PRIMEROSALUD, S.L.....	..ESP.....	.....NIA.....	MHS Consulting, International, Inc.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....
01295.....	Centene Corporation.....	00000.....					The Practice Plc.....	..GBR.....	.....NIA.....	MHS Consulting, International, Inc.....	Ownership.....	.....100.0.....	Centene Corporation.....	......0.....

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 23.  
\*LIAB

	1 Covered	2 Uncovered	3 Total	4 Total
2304. State Income Tax Payable.....	982,674		982,674	488,946
2305. Health Insurer Fee Payable.....	2,805,874		2,805,874	0
2397. Summary of remaining write-ins for Line 23 from Page 03	3,788,548	0	3,788,548	488,946

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,332,726	1,051,753
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....	60,000	247,500
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....	(84,640)	33,473
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	1,308,086	1,332,726
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	1,308,086	1,332,726

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	70,748,264	41,047,225
2. Cost of bonds and stocks acquired .....	1,863,791	44,347,942
3. Accrual of discount .....	8,659	34,108
4. Unrealized valuation increase (decrease) .....	5,215,242	1,303,019
5. Total gain (loss) on disposals .....	77,248	15,952
6. Deduct consideration for bonds and stocks disposed of .....	1,800,692	15,514,437
7. Deduct amortization of premium .....	126,200	485,546
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	75,986,312	70,748,264
11. Deduct total nonadmitted amounts .....	0	3,527,853
12. Statement value at end of current period (Line 10 minus Line 11) .....	75,986,312	67,220,411

STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	61,641,071	263,261,397	71,278,947	35,239,789	288,863,310	0	0	61,641,071
2. NAIC 2 (a).....	11,738,706			4,254,259	15,992,965	0	0	11,738,706
3. NAIC 3 (a).....	0			706,355	706,355	0	0	0
4. NAIC 4 (a).....	1,045,000			(250,000)	795,000	0	0	1,045,000
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	74,424,777	263,261,397	71,278,947	39,950,403	306,357,629	0	0	74,424,777
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	74,424,777	263,261,397	71,278,947	39,950,403	306,357,629	0	0	74,424,777

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....



SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	202,471,690	XXX	202,471,690	33,561	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	10,229,577	58,342,809
2. Cost of short-term investments acquired .....	230,497,617	161,260,469
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		(124)
6. Deduct consideration received on disposals .....	38,255,503	209,373,537
7. Deduct amortization of premium.....		40
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	202,471,691	10,229,577
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	202,471,691	10,229,577

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	799,976	2,500,000
2. Cost of cash equivalents acquired .....	30,899,990	133,599,966
3. Accrual of discount .....	27	10
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals .....	31,300,000	135,300,000
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	399,993	799,976
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	399,993	799,976

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

**STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY**

## SCHEDULE BA - PART 2

**Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

[illegible]

## SCHEDULE BA - PART 3

**Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter**

[illegible]FeO<sub>3</sub>

## E04

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

## E05

## E05

E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE



## STATEMENT AS OF MARCH 31, 2016 OF THE CELTIC INSURANCE COMPANY

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]